FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069201 (6)

AAA AMERICAN YACHT, INC.

Principal Place of Business

Mailing Address

FILED

May 01 1998 8:00am

Secretary of State

2750 N 29TH STE 114-G	1 AVE	2750 N 29TH AVE STE 114-G				
HOLLYWOOD	D FL 33020	HOLLYWOOD FL 33020		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 08/08/1997		
2. Principal P	Place of Business She ridauStreet	26. Mailing Address	In Chipp	4. FEI Number Applied For		
			1 cm & 1 rec	05 002 000		
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	Kwood, FI.	City & State 28 Holly woo		6. Election Cempaign Financing Trust Fund Contribution Added to Fees		
24 330	20 25 U.S. A		30 U.S.A	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
	RBINA, ANTONIO A		B1 Name	Urbine Autonia A.		
	'50 N 29TH AVE E 114-g		82 Street	Address (P.Q. Box Number is Not Acceptable)		
	OLLYWOOD FL 33020		83 2 /	10 Shezidan street		
***	22,1100010000					
	•		84 940	//x wood FL 85 \$3020		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registered to action's board of directors. I hereby accept the appointment as registered		
agent. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, Flor	rida Statutes.	orations board or directors. Thereby accept the appointment as registered		
SIGNATURE	D		·			
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	7.7	DELETE	1.1 TITLE	Dresident Change Addition		
NAME	Antonio A UV 2719, Sheridan	bina,	1.2 NAME	Autonio A. Urbing		
STREET ADDRESS	2710, She - dan	Street	1.3 STREET ADDRESS	2710 Show dan Street		
CITY-ST-ZIP	HOLLXWOOD, FI	33020	1.4 CITY-ST-ZIP	Hollxwood F1, 33020		
TITLE	,	DELETE	2.1 TITLE	President, Change Praddition		
NAME			2.2 NAME	2710 Shevidan Street		
STREET ADDRESS			2.3 STREET ADDRESS	140/1 201 El 33020		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Change Addition		
NAME			4 2 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY-ST-ZIP		Dilete	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			5 2 NAME			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS			
TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition		
NAME		—	6.2 NAME			
STREET ADDRESS		_	6.3 STREET ADDRESS			
CITY-ST-ZIP		/	6.4 CITY - ST - ZIP			

14. Thereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repower or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affectment with an address.